

Date: _____

_____ reports that he/she has not prepared an advance directive for healthcare.

Person receiving this information: _____

Date: _____

All healthcare providers are advised that _____ has prepared an advance directive for healthcare, which either is attached or is available from (name, address, phone):

Person receiving this information:

Date: _____

All healthcare providers are advised that _____ has prepared an advance directive for healthcare, which either is attached or is available from (name, address, phone):

Person receiving this information:

Date: _____

All healthcare providers are advised that _____ has prepared an advance directive for healthcare, which either is attached or is available from (name, address, phone):

Person receiving this information:

Client Signature

ADVANCED DIRECTIVES NOTICE

**Confidential Patient Information
See W&I Code 5328**

NAME:

CHART NO:

DOB:

PROGRAM: